



# CITY of SAN ANTONIO

Development Services Department  
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AP#  
Exp. Date:  
OFFICE USE ONLY

## MECHANICAL MAINTENANCE PERMIT APPLICATION

For Multiple Communities with Less than 20 Apartment Units and 5 or More Units per Building at Each Community

Name of Apartment Community:	Date:
Address:	Work Phone:
City/State:	Zip Code:
Owner/Management Company:	Work Phone:
Address:	Email address:
City/State/Zip:	

### TYPE OF HVAC EQUIPMENT

### EQUIPMENT LOCATION

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Gas Furnace            | <input type="checkbox"/> Cooling Coil    | <input type="checkbox"/> On the Roof      |
| <input type="checkbox"/> Electrical Air Handler | <input type="checkbox"/> Condensing Unit | <input type="checkbox"/> Ground Installed |

Total Number of Buildings: \_\_\_\_\_ Total Number of Apartment Units: \_\_\_\_\_

### Permit Fees:

Number of Apartment Units: \_\_\_\_\_ X 2.00 = \$ \_\_\_\_\_

+ Administrative Fee: \$50.00

Subtotal: \$ \_\_\_\_\_

+ 6% Development Services & Technological Fee: \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

## MECHANICAL MAINTENANCE PERMIT APPLICATION

**For Multiple Communities with Less than 20 Apartment Units and 5 or More Units per Building at Each Community**

(If Applicable) List Each Apartment Community Below

Name of Apartment Community:	No. of Buildings:
Address:	No. of Apartments:
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Address:	No. of Apartments:

Add additional sheets if necessary.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT APPLICANT NAME: \_\_\_\_\_